

AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

City of Round Rock/221 EAST MAIN STREET/ROUND ROCK, TEXAS 78664
512-218-5460

I (we) authorize the City of Round Rock to initiate debit entries to my (our) account with the depository named below. If the City of Round Rock erroneously debited funds from my (our) account I (we) authorize the City of Round Rock to initiate the necessary credit entries not to exceed the total of the original amount debited for the entry in question.

DEPOSITORY NAME (FINANCIAL INSTITUTION)	<input type="checkbox"/> BANK	<input type="checkbox"/> SAVINGS AND LOAN	CITY	STATE	ZIP
	<input type="checkbox"/> CREDIT UNION	<input type="checkbox"/> OTHER			
TRANSIT/ABA NUMBER	<input type="checkbox"/> CHECKING ACCOUNT	<input type="checkbox"/> SAVINGS ACCOUNT	BANK ACCOUNT NUMBER		

This authorization will remain in effect until the City of Round Rock has received written notification from me (or either of us) at the address listed above. Such notification of termination shall be made by me (or us) in such time and manner to allow the City of Round Rock to act on it within a reasonable time. The City of Round Rock reserves the right to terminate this authorization upon thirty (30) days written notice to the person(s) listed below.

I (or either of us) have the right to stop payment of a debit entry by notification to my Depository three (3) business days before my account is charged. After my account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by my depository, provided I (we) send written notice of such debit entry in error to my Depository within fifteen (15) days following the issuance of the account statement or sixty (60) days after posting whichever occurs first.

NAME(S)				UTILITY ACCOUNT NUMBER	
ADDRESS		CITY	STATE	ZIP CODE	TELEPHONE
SIGNATURE				DATE	

PLEASE have your depository institution verify their Electronic Funds Transfer (EFT) transit/routing number as it may differ from the number on your checks/deposit slips.

FOR WATER BILLING DEPARTMENT USE ONLY

Entered date _____	Entered by _____
	Verified by _____
Terminated date _____	Entered by _____
	Verified by _____